

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
County of Los Angeles			For Official Use Only
<b>Division, Department, or Region (If Applicable)</b>			
Board of Supervisor, First District			
<b>Designated Agency Contact (Name, Title)</b>			
Barbara Garcia, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 99.00

Event Description LA Phil  
Provide Title/Explanation

Date(s) 5 / 2 / 2019

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: LA Phil

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Barbara Garcia	Ticket Administrator	5/14/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:



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Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 99.00

Event Description LA Phil  
Provide Title/Explanation

Date(s) 5 / 3 / 2019

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: LA Phil

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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**4. Verification**

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	Barbara Garcia	Ticket Administrator	5/14/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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Division, Department, or Region (If Applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
213-974-4111	bgarcia@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description LA Phil Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 168.00

Date(s) 5 / 4 / 2019

If no: LA Phil Name of Source

If yes: \_\_\_\_\_ Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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	Barbara Garcia	Ticket Administrator	
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description  Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$

Date(s)   2019

If no:  Name of Source

If yes:  Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

  

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

  

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Barbara Garcia	Ticket Administrator	5/14/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:



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Division, Department, or Region (If Applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
213-974-4111	bgarcia@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	168.00
Event Description	LA Phil	Date(s)	5 / 10 / 2019
	Provide Title/Explanation		
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Phil
			Name of Source
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	
			Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Barbara Garcia	Ticket Administrator	5/14/19
	Print Name	Title	(Month, Day, Year)

Comment:

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Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description LA Phil Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 99.00

Date(s) 5 / 10 / 2019

If no: LA Phil Name of Source

If yes: \_\_\_\_\_ Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 <small>Signature of Agency Head or Designee</small>	Barbara Garcia <small>Print Name</small>	Ticket Administrator <small>Title</small>	8/14/19 <small>(Month, Day, Year)</small>
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Comment:

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Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

<b>2. Function or Event Information</b>		Face Value of Each Ticket/Pass \$	168.00
Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date(s)	5 / 10 / 2019
Event Description	LA Phil	If no:	LA Phil
	Provide Title/Explanation		Name of Source
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes:	Official's Name (Last, First)
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Barbara Garcia	Ticket Administrator	5/14/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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Barbara Garcia, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: LA Phil Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 168.00

Date(s) 5 / 10 / 2019

If no: LA Phil Name of Source

If yes: \_\_\_\_\_ Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

  

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

  

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	Barbara Garcia Print Name	Ticket Administrator Title	5/14/19 (Month, Day, Year)
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Comment:



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Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 99.00

Event Description LA Phil  
Provide Title/Explanation

Date(s) 5 / 10 / 2019

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: LA Phil  
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: \_\_\_\_\_  
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

  

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

  

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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	Barbara Garcia	Ticket Administrator	5/14/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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Division, Department, or Region (If Applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description LA Phil Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 99.00

Date(s) 5 / 11 / 2019

If no: LA Phil Name of Source

If yes: \_\_\_\_\_ Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

  

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

  

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 <small>Signature of Agency Head or Designee</small>	Barbara Garcia <small>Print Name</small>	Ticket Administrator <small>Title</small>	5/14/19 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number      E-mail 213-974-4111      bgarcia@bos.lacounty.gov			
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ 168.00
Event Description LA Phil <small>Provide Title/Explanation</small>	Date(s) 5 / 12 / 2019
Ticket(s)/Pass(es) provided by agency?      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: LA Phil <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?      No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes: _____ <small>Official's Name (Last, First)</small>

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

  

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

  

C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	Barbara Garcia Print Name	Ticket Administrator Title	5/11/19 (Month, Day, Year)
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Comment:



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**Ceremonial Role Events and Ticket/Pass Distributions**

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Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div>(Month, Day, Year)</div>	

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	99.00		
Event Description	LA Phil	Date(s)	5	12	2019
	<i>Provide Title/Explanation</i>				
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Phil		
			<i>Name of Source</i>		
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:			
			<i>Official's Name (Last, First)</i>		

### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

Section 5 - Identifying an outside organization			
<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
	Staff	2	Per ticket policy 5.3 (k)
<b>B.</b>	<b>Name of Individual</b> <i>(Last, First)</i>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Identify one of the following:</b>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C.</b>	<b>Name of Outside Organization</b> <b>(Include address and description)</b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

#### 4. Verification

I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Barbara Garcia	Ticket Administrator	5/14/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description LA Phil Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 168.00

Date(s) 5 / 12 / 2019

If no: LA Phil Name of Source

If yes: \_\_\_\_\_ Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

  

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

  

C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 
 Barbara Garcia
   
 Print Name
 

 Ticket Administrator
   
 Title
 

 5/14/19
   
 (Month, Day, Year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing:	
		(Month, Day, Year)	

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 168.00

Event Description LA Phil  
Provide Title/Explanation

Date(s) 5 / 12 / 2019

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: LA Phil  
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Barbara Garcia	Ticket Administrator	5/14/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

99.00

Event Description LA Phil  
Provide Title/Explanation

Date(s) 5 / 12 / 2019

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: LA Phil

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Barbara Garcia	Ticket Administrator	5/14/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: